2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2002 8:00 AM
Secretary of State

DOCUMENT# N02412

Entity Name: HARDEE COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

209 SOUTH 6TH AVENUE
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 683
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 59-2327959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELATORRE, GARY
702 SOUTH 6TH AVENUE
WAUCHULA, FL 33873

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	HANCOCK, CAROL	
Address:	1989 COUNTY LINE ROAD EAST	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	S	( ) Delete
Name:	BLONDIN, MARK	
Address:	533 W CARLTON ST	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	TD	( ) Delete
Name:	MANLEY, MIKE	
Address:	203 S 7TH AVE	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	D	( ) Delete
Name:	DELATORRE, GARY	
Address:	702 S 6TH AVE	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	D	( ) Delete
Name:	DURRANCE, ELIZABETH	
Address:	106 NORTH 6TH AVENUE	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	D	( ) Delete
Name:	BRIDGES, DAVID	
Address:	330 NORTH BREVARD AVENUE	
City-St-Zip:	ARCADIA, FL 34266	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY DELATORRE D 03/08/2002
Electronic Signature of Signing Officer or Director — Date

DIRECTOR
JERALDINE
821 GRIFFIN RD
WAUCHULA, FL 33873

DIRECTOR
JERALDINE
821 GRIFFIN RD
WAUCHULA, FL 33873